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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code Check if additional changes are on reverse side SERIES CODE/SERIAL NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MATERIAL COMMENTS OF THE PROPERTY OF	a change	
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07/117,823 11/09/87 004 NORTHINGTON DAVI, Z 121 93/27/90)	
First Named Applicant ZIGGIOTTI. ANTONIO		
INVENTIONALT OF DICLOFENAC WITH A CYCLIC PYRROLIDINE COMPOUND AND PHARMACEUTICAL COMPOSITIONS WHICH CONTAIN IT (AS AMENDED)		
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN, TYPE SMALL ENTITY FEE DUE DATE DUE		
1 FWP24471 514-428.000 E22 UTILITY YES \$310.00 06/27/	90	
3. Further correspondence to be mailed to the following: 4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.		
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(Enclose Part C)		
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apply the Issee Fee to the application identified above. Assignment is being submitted under separate cover. Assignments should be (Signature of party in interest of according to the cord).	apply the Issee Fee to the application identified above.	
directed to Box ASSIGNMENTS.	X Van N	
r == roa roa ra road ar acciding in block 5, no assignee data will appear	NOTE PRESIDE Be will be secope from anyone other than the	

in interest as shown by the records of the Patent and Trademark Office.

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